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Use

Only

STATEMENT OF

SECRETARY OF THE SEMATE PUBLIC RECE

13 JUL 22 AH 9: 16

FORM 1		ORG	ANIZA	ATION	,	٠	Office Use Only	
NAME OF COMMITTEE (in	full)	(Check is change		Example:If typing, over the lines.	type 12	FĚ4M5		
SOBHANI FOR MARY	YLAND				· 	<u> </u>		
ADDRESS (number and street)		P. O. BOX 59	9027 					
(Check if address is changed)		POTOMAC				10	20854	
			c	CITY	STA	πE	ZIP COD	E
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide GUILDA1@GMA:		mail address)		<u> </u>		
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)						
(Check if is changed					1 1	1 1 1 1		
2. DATE 07	/ 11	2013		,		-		
3. FEC IDENTIFIC	CATION NU	JMBER	Cco)51,905,8 <u> </u>				
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDE	D (A)	•		
i certify that I have e	examined th	is Statement and	to the best	of my knowledge and	l belief it is tru	ie, correct a	and complete.	
Type or Print Name of	of Treasurer	GUILDA MAE	HMOUDI	1				
Signature of Treasure	er			<u></u>	Date	07	/ Bib / [2013
NOTE: Submission of				may subject the person			he penalties of 2 l	J.S.C. §437g.
O.C.								

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

	rec r	Om 1 (Hevisea 02/2009)	Page 2
		COMMITTEE	
Car	ndidat	te Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Cano	e of lidate	S. ROB SOBHANI	<u> </u>
	ildate / Affiliat	Office Sought: House X Senate President	State MD
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	i a i u rit
Name Cand	e of lidate		1 1 1 1 1
Part	ly Cor	mmittee:	
(d)	2**; 	This as a second the second of	Democratic, epublican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	•
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	draising Representative:	
(g)	eran l	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	JU	grandin with the	ende industration of see that it is
	1.	FEC ID number C	alima di merika mika mila me
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	3.		estimanismanikas salinaar Lucionil
	4.		and the second s

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
SOBHANI FOR MARYLAND	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	rship PAC Sponsor
Nic ne	11111111
	_
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor.
 Custodian of Records: Identify by name, address (phone number – optional) and position of the person in probooks and records. 	ossession of committee
None	1
Full Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Mailing Address	
<u> </u>	
Title or Position CITY STATE	ZIP CODE
Telephone number	
 Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the rany designated agent (e.g., assistant treasurer). 	name and address of
Full Name GUILDA MAHMOUDI of Treasurer	
9812 FALLS RD. #114-199	
POTOMAC MD 20854	
CITY STATE Title or Position	ZIP CODE
Treasurer Telephone number	

13020353164

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SENATE OFFICE OF Public Records

232 Hart Senate office Building

Washington De 20510

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NANCY ERICKSON SECRETARY DANA K, MCCALLUM SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510–7116 Phone: [202] 224–0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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